

*** RETURN TO HILLCREST ***

Saint Paul Division of Parks and Recreation
Hillcrest Community Recreation Center
Recreation for Pre-Schoolers Program

Coordinators: Keeley Hanson & Barb Biagi

Registration Check Off

Child's Name

_____ \$35.00 Non-Refundable Registration Fee

_____ Registration Form

_____ Fee Contract Form

_____ Emergency Information Form

_____ Medication Permission Form

_____ Immunization Record Form

_____ Release Form

_____ Parent Handbook

**Saint Paul Parks and Recreation
Hillcrests - Recreation for Pre-Schoolers Program**

REGISTRATION FORM

Child's

Name _____ Nickname _____

Address _____ City _____

_____ State _____ Zip _____

Age _____ Birth Date _____ * _____ * _____ Female _____

Male _____

Child resides with: _____ both parents _____ mother _____ father

_____ stepfather _____ stepmother _____ guardian

Mother - Guardian's

Name _____

Stepfather's Name

Address _____ City _____

_____ Zip _____

Home phone () _____ Cell () _____

E-

mail _____

Business phone () _____ Business

Name _____

Business Address _____ City
_____ Zip _____

Father - Guardian's Name

Stepmother's

Name _____

Address _____ City
_____ Zip _____

Home phone () _____ Cell ()

E-

mail _____

Business phone () _____ Business Name

Business Address _____ City
_____ Zip _____

Persons authorized to pick your child up from Hillcrest. Photo identification may be requested by staff, prior to releasing your child.

Name Address Phone

_____ () _____

_____ () _____

_____ ()

HELPFUL ADDITIONAL INFORMATION

List any condition present that might result in an emergency and correct plan of action:

List any special needs of your child (allergies, special diet, etc.):

Language, other than English, your child speaks or understands:

Special interests or favorite activities of your child:

Particular behavior difficulties or potential problems we should be aware of:

Any additional information that would be helpful:

List the names and ages of brothers, sisters, stepbrothers and stepsisters:

In relation to your child, what are your expectations of Recreation for Pre-Schoolers:

Signature _____

Date _____

Saint Paul Parks and Recreation

Hillcrests - Recreation for Pre-SchoolersProgram

Fee Contract

Child's Name _____

Recreation for Pre-Schoolers is a non-profit program, which operates on the fees paid by the parent(s) of enrolled children. Therefore, it is essential that your **tuition payment be paid by the first week of the month. Any payments paid after the first week will be charged a \$10.00 late fee.**

Month	Total Payment Muddy Ducks - \$115.00 a month Busy Bees - \$95.00 a month
September 2010	
October 2010	
November 2010	
December 2010	
January 2011	
February 2011	
March 2011	
April 2011	
May 2011	

AGREEMENT: I have read the Recreation for Pre-Schoolers fee payment policies, and I agree to pay the monthly tuition in advance. I also understand that the tuition is due, in full, for all of the above months regardless of vacations or illnesses.

Signature _____

Date _____

Saint Paul Parks and Recreation

**Hillcrests - Recreation for Pre-Schooler
Emergency Information Form**

Child's Name

Address

_____ City

_____ Zip _____

Home phone () _____ Birth Date

_____ * _____ *

Mothers

Name _____

Business phone ()

Father's Name

Business phone ()

Parent - Guardian to contact in case of an emergency:

If my child becomes ill, and I cannot be reached, please call:

1. Name _____ Phone ()

Address _____ Relationship

2. Name _____ Phone ()

Address _____ Relationship

3. Name _____ Phone ()

Address _____ Relationship

Name of Doctor and

Clinic _____

Address _____ Phone ()

Medical Insurance Company and Policy Number for your child:

Preferred Hospital - Emergency

Room _____

—

Signature _____

_____ Date _____

Saint Paul Parks and Recreation

Hillcrests - Recreation for Pre-Schoolers Program

St. Paul Division of Parks and Recreation Medication Authorization for Administration (Short-term Programs)

The following authorization form must be completed by Parent/Guardian for all short-term programs offered by the St. Paul Division of Parks and Recreation in which medication may need to be administered during the time of activity. This includes field trips, day camp programs, overnight trips, etc.

Name of Participant _____ Birth date _____

Program enrolled in _____ Dates of Program _____

Name of Physician/Licensed Prescriber _____

Clinic Address _____ Clinic Phone _____

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Medications include all prescription as well as non-prescription/over-the-counter medications

Other Considerations/Directions _____

Start Date _____ Stop Date _____ *Route = Oral, topical, or inhaled

Parent/Guardian Authorization

1. I request that the above medication(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. I give permission for the Program Coordinator to consult with the above named physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Parent/Guardian Signature _____ Relationship to Participant _____

City of Saint Paul

Immunization Record

Minnesota Statutes 1991, Section 123.70, requires all children who are enrolled in Minnesota schools to be immunized. Unless immunizations listed below are obtained, your child will be excluded. An updated doctor's form or school copy may be substituted for this form. Form must be on file before admittance.

Vaccinations required: Child's name _____

Type of Vaccine	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose
Diphtheria-Tetanus-Pertussis (DTP)	___/___	___/___	___/___	___/___	___/___
Measles-Mumps-Rubella (MMR)	___/___	___/___			
Polio	___/___	___/___	___/___	___/___	___/___

**Saint Paul Parks and Recreation
Hillcrests - Recreation for Pre-Schoolers Program
Release Form**

Child's Name _____

Program

I agree to abide by the terms and conditions of the Saint Paul Parks and Recreation, Recreation for Pre-Schoolers Program, policies of which I have received a copy, governing the enrollment of my child.

Signature _____ Date _____

Field Trips

I agree to permit my child to participate in the field trips sponsored by the Recreation for Pre-Schooler Program. Trips will be posted.

Signature _____ Date _____

Medical Emergencies

In the case of a life-threatening emergency involving my child, I authorize the Recreation for Pre-Schoolers Program to use the Saint Paul Paramedics to transport my child to the nearest hospital Emergency Room, for emergency medical treatment. The child will be transported at the expense of the parent. (If you prefer a specific hospital, please indicate which one. We will use it if possible.)

Hospital _____ Signature _____ Date _____

Accidental Poisoning

In the event of accidental poison ingestion, I understand that the Recreation for Pre-Schoolers staff will contact the Poison Control Center. I hereby give my permission for the staff to administer Syrup of Ipecac to my child, if directed to do so by a physician, or the authorities of the Poison Control Center.

Signature _____ Date _____

Anecdotes and Pictures

I grant my permission to the Recreation for Pre-Schoolers Program to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature _____ Date _____